

# Late Independent Expenditure Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

|  |                    |   |   |                                   |   |
|--|--------------------|---|---|-----------------------------------|---|
| <b>NAME OF FILER</b><br>Optometrists for Better Health Care, sponsored by the California Optometric Association Political Action Committee |                    |   | <b>Date of This Filing</b> 08/29/2005<br><br><b>Report No.</b> 159303-01<br><br><input type="checkbox"/> <b>Amendment to Report No.</b> _____<br>(explain below)<br><br><b>No. of Pages</b> 2 | Date Stamp<br><br><br>Page 1 of 2 | <b>CALIFORNIA FORM 496</b><br>For Official Use Only |
| <b>AREA CODE/PHONE NUMBER</b><br>( ) -   |                    | <b>I.D. NUMBER (if applicable)</b><br>1242650 |   |                                   |   |
| <b>STREET ADDRESS</b>  |                    |   |   |                                   |   |
| <b>CITY</b><br>Sacramento  | <b>STATE</b><br>CA | <b>ZIP CODE</b><br>95816                      |   |                                   |   |

## 1. List Only One Candidate or Ballot Measure

|  |                     |               |  |                     |                |               |
|--|---------------------|---------------|--|---------------------|----------------|---------------|
| <b>NAME OF CANDIDATE SUPPORTED OR OPPOSED</b><br>Ted Lieu                      |                     |               | <b>NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED</b> |                     |                |               |
| <b>OFFICE SOUGHT OR HELD/DISTRICT NO.</b><br>State Assembly Person District 53 | <b>SUPPORT</b><br>X | <b>OPPOSE</b> | <b>BALLOT NO./LETTER</b>                           | <b>JURISDICTION</b> | <b>SUPPORT</b> | <b>OPPOSE</b> |

## 2. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

| DATE       | DESCRIPTION OF EXPENDITURE       | AMOUNT      |
|------------|----------------------------------|-------------|
| 08/29/2005 | Campaign Literature and Mailings | \$24,798.11 |
|            |                                  |             |
|            |                                  |             |
|            |                                  |             |
|            |                                  |             |
|            |                                  |             |
|            |                                  |             |

Reason for Amendment:

# Late Independent Expenditure Report

LATE INDEPENDENT EXPENDITURE REPORT

**CALIFORNIA**  
**FORM 496**

NAME OF FILER

Optometrists for Better Health Care, sponsored by the California Optometric Association Political Action Committee

I.D. NUMBER (If applicable)  
1242650

## 3. Contributions of \$100 or More Received\*

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE**  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED | INTEREST RATES                                    |
|---------------|---|---|---|-----------------|---|
| 8/29/2005     | California Optometric PAC (SCC)<br>Sacramento, CA 95814<br><br>ID: 745825                       | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | \$25,000.00     | If loan,<br>enter interest rate, if any<br>_____% |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                 | If loan,<br>enter interest rate, if any<br>_____% |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                 | If loan,<br>enter interest rate, if any<br>_____% |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                 | If loan,<br>enter interest rate, if any<br>_____% |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                 | If loan,<br>enter interest rate, if any<br>_____% |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                 | If loan,<br>enter interest rate, if any<br>_____% |

\*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

### \*\*Contributor Codes

IND - Individual  
COM - Recipient Committee (other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

FPPC Form 496 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC  
866/275-3772